

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Ozaukee { Town ☒ Cedarburg
Village ☐
City ☒ Check one and give name

2. Location SW 1/4 of SE 1/4 of Sec. 26 T 10 NR 21 E
Name of street and number of premise or Section, Town and Range numbers

3. Owner ☒ or Agent ☐ John Freeman
Name of individual, partnership or firm

4. Mail Address Thiensville Wis.
Complete address required

5. From well to nearest: Building 12 ft; sewer _____ ft; drain _____ ft; septic tank _____ ft;
dry well or filter bed _____ ft; abandoned well _____ ft.

6. Well is intended to supply water for: New Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	40			
6	40	94			

8. CASING AND LINER PIPE OR CURBING:

Dia (in.)	Kind and Weight	From (ft.)	To (ft.)
6	19.45# Well Cas.	0	70

9. GROUT:

Kind	From (ft.)	To (ft.)
Clay Slurry	0	40

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 15 GPM.

Depth from surface to water-level: 13 ft.

Water-level when pumping: 20 ft.

Water sample was sent to the state laboratory at:

Madison on May 11 1959
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Sandy Clay	0	43
Clay	43	65
Sand	65	70
Limestone	70	94

RECEIVED

JUL 23 1959

ENVIRONMENTAL
SANITATION

Construction of the well was completed on:

May 11 1959

The well is terminated 10 inches
☒ above, below ☐ the permanent ground surface.

Was the well disinfected upon completion?

Yes / No _____

Was the well sealed watertight upon completion?

Yes / No _____

Signature Robert Demas
Registered Well Driller

631 S. Wash. Ave. Cedarburg Wis.
Complete Mail Address

Please do not write in space below

Rec'd _____ No. _____

Ans'd _____

Interpretation _____

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli _____

Examiner _____



0 2 6 1 1 2